



Patent Owner's Docket No. D-1120R2

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Jay Paul Drummond, et al.**

Application No.: 09/811,718

Group No.: 3624

Confirmation No.: 2928

Filed: March 19, 2001

Examiner: Daniel S. Felten

Title: **System and Method for Operating
a Host ATM Through a Portable
Personal ATM**

Commissioner for Patents
Washington, D.C. 20231

NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES
(37 C.F.R. Section 1.191)

Applicant hereby appeals to the Board from the decision of the Primary Examiner, mailed January 13, 2003, twice rejecting claims 25 and 44-96.

1. STATUS OF APPLICANT

This application is on behalf of other than a small entity.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. Section 1.17(b), the fee for filing the Appeal Brief is:

Other than a small entity \$320.00

Notice of Appeal fee due \$320.00

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as Express Mail Post Office to Addressee: Commissioner for Patents, Washington, D.C. 20231.

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Date: April 9th, 2003

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Ralph E. Jocke

(type or print name of person certifying)

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(Notice of Appeal from the Primary Examiner to the Board—page 1 of 2)

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$320.00

TOTAL FEE DUE \$320.00

5. FEE PAYMENT

Charge Account No. 09-0428 (Interbold) the sum of \$320.00

A duplicate of this transmittal is attached.

6. FEE DEFICIENCY

If any additional extension and/or fee is required, this is a request therefor and to charge Account No. 09-0428 (Interbold).

If any additional fee for claims is required, charge Account No. 09-0428 (Interbold).



SIGNATURE OF PRACTITIONER

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